

**AMTRAK CALIFORNIA  
YOUTH FIELD TRIP BY TRAIN PROGRAM**

**RESERVATION REQUEST**

1. **SCHOOL OR GROUP NAME:**

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2. **SCHOOL OR GROUP ADDRESS:**

<b>CITY:</b> _____, CA	<b>ZIP:</b> _____

3. **SCHOOL OR GROUP TELEPHONE NUMBER:**

(       )
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4. **SCHOOL OR GROUP FAX NUMBER:**

(       )
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5. **HOW MANY PEOPLE IN YOUR GROUP?**

<b>TOTAL:</b> _____	<b>ADULTS:</b> _____	<b>YOUTHS:</b> _____
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6. **NAME OF CONTACT PERSON:**

<b>TITLE:</b> _____

7. **CONTACT PERSON'S TELEPHONE NUMBER:**

(       )
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8. **BEST TIME TO REACH CONTACT PERSON:**

<b>DAY of WEEK:</b> _____
<b>TIME:</b> _____

**9. DEPARTING FROM:**

**10. DESTINATION:**

**11. TRIP DATE:**

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**12. ALTERNATE TRIP DATE:**

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**13. LEAVE – TRAIN:**

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**DEPARTING:**

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**ARRIVING:**

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**14. RETURN – TRAIN:**

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**DEPARTING:**

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**ARRIVING:**

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**16. WILL ANY PERSONS IN YOUR GROUP NEED ASSISTANCE?**

<b>NO:</b>	[ ]
<b>YES:</b>	[ ]

(Continued on next page)

**16. (Continued)**

**IF YES, USE THE SPACES BELOW TO LIST THE NAMES OF THE PERSONS AND ACCOMODATIONS NEEDED:**


**17. NAME OF GROUP LEADER:**

<b>TITLE:</b>

**18. GROUP LEADER'S TELEPHONE NUMBER:**

(       )
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**19. BEST TIME TO REACH GROUP LEADER:**

<b>DAYS OF WEEK:</b>
<b>TIME:</b>

**CHECK THIS WORKSHEET FOR COMPLETENESS, THEN SEND IT BY FAX TO THE AMTRAK GROUP RESERVATION DESK AT (800) 872-3298.**